

## MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-003854

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

AMENDED

318

1003

1252

FILED FEB 7 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis

Length of stay in 1b

D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

St. Johns Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

admission)

c. CITY  
OR  
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

6255 Delor St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
JohnMiddle  
J.Last  
Hamilton4. DATE  
OF  
DEATHMonth  
1Day  
26Year  
1962

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5-2-1902

## 9. AGE (last birthday)

59

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Insurance Broker

## 10b. KIND OF BUSINESS OR INDUSTRY

General Insurance

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

John J. Hamilton

## 13b. MOTHER'S MAIDEN NAME

Louise Jarvis

## 14. NAME OF HUSBAND OR WIFE

Ida E. Hamilton nee Naes

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

John J. Hamilton 7123 Westmoorland Ave.

## 18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY)

## IMMEDIATE CAUSE (a)

Ac Myocardial Anoxia

## INTERVAL BETWEEN ONSET AND DEATH

2 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Ac Coronary artery insufficiency

## DUE TO (c)

Arterio Sclerosis 420.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Atherosclerosis of Coronary = bleeding

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-28-61 to 1-26-62 and last saw him alive on 1-24-62  
Death occurred at 11 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Carl J. Hens MD.

## 22b. ADDRESS

1801 Kingshighway

## 22c. DATE SIGNED

1-29-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

1-30-62

## 23c. NAME OF CEMETERY OR CREMATORY

Resurrection

## 23d. LOCATION (City, town, or county)

St. Louis County, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Hoffmeister Colonial Mortuary 6464 Chippewa

## 25. DATE RECD. BY LOCAL REG.

JAN 29 1962

## 26. REGISTRAR'S SIGNATURE

Carl Smith. M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bill C. Hanson

Licensed Embalmer No. 4768

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.